



DENTAL BOARD OF CALIFORNIA
 1432 Howe Avenue, Suite 85, Sacramento CA 95825-3241
 Telephone: (916) 263-2300 Fax: (916) 263-2140
www.dbc.ca.gov



APPLICATION FOR SPECIAL PERMIT

Business & Professions Code §§ 1640-1642
 Title 16 CCR §§ 1027-1027.1

See Information for completing and filing this application. Please read carefully and answer each question fully. Falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a license.

FOR OFFICE USE ONLY

Receipt _____ ATS # _____

Fee Paid _____ Exp. Date _____

Date Cashiered _____

SP # _____ Approval Date _____

Fees (Non-Refundable): Application - \$300

Fingerprint Cards - \$ 56

(If *Live Scan* in California, pay to *Live Scan* Processor)

(Please type or print legibly)			
Name: Last		First	Middle
List other names you have used, including maiden name: (If change was made by a court order, attach a <i>Certified Copy</i>)			
Address of Record/Street * or P.O. Box		City	State Zip
Birthdate: (Mo/Day/Yr)	Sex (Circle One) Male Female	Social Security No.	Telephone Number ()
School of Dentistry with which applicant has a current or pending employment contract. <input type="checkbox"/> University of Southern California <input type="checkbox"/> University of California, San Francisco <input type="checkbox"/> University of California, Los Angeles <input type="checkbox"/> University of the Pacific <input type="checkbox"/> Loma Linda University			Name of the specialty or discipline you will be practicing.
			Status of employment: <input type="checkbox"/> Full-Time Professor <input type="checkbox"/> Full-Time Associate Professor <input type="checkbox"/> Full-Time Assistant Professor

* Your address of record is public information and will be placed on the Board's web site and provided to the public upon request.

Dental Education

Name & Location of institution attended	Period of Attendance (Month/year)	Degree Awarded	Date Awarded

Post Graduate Study – provide copies of completion certificates

1. _____
Name of Institution attended _____ Location _____ Completion date _____
Name of specialty _____ Board eligible ☐ Diplomate ☐ Other _____
2. _____
Name of Institution attended _____ Location _____ Completion date _____
Name of specialty _____ Board eligible ☐ Diplomate ☐ Other _____

Advanced Dental Education Program at a dental college approved by the Board – provide copies of completion certificates.

1. _____
Name of Institution attended _____ Location _____ Completion date _____
Name of discipline _____
2. _____
Name of Institution attended _____ Location _____ Completion date _____
Name of discipline _____

Have you ever been issued a dental license in any State or Country?
If yes, submit a copy of your license.

STATE OR COUNTRY	LICENSE NUMBER	ISSUE DATE
_____	_____	_____
_____	_____	_____

Certification of Dean of Dental College where degree was earned:

I hereby certify under penalty of perjury under the laws of the State of California that

_____ matriculated in the _____
Dental College the _____ day of _____, and attended _____ years, graduating with the
degree of _____ on the date of _____ in the year _____.

Seal of the College
or University

Signature of Dean

Do you have any pending or have you ever had any disciplinary action taken or charges filed against a dental license or other healing arts license? Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. federal governmental entity. YES ☐
Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, NO ☐
consent order, letter of reprimand or warning, or any other restriction or action taken against a dental license.
If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action.

Are there any pending investigations by any State or Federal agencies against you? YES ☐
If yes, provide a detailed explanation of circumstances surrounding the investigation and a copy of the document(s) NO ☐

Have you ever been denied a dental license or permission to take a dental examination? YES ☐
If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s). NO ☐

Have you ever surrendered a license, either voluntarily or otherwise? YES ☐
If yes, provide a detailed explanation and a copy of all documents relating to the surrender. NO ☐

Are you in default on a United States Department of Health and Human Services education loan pursuant to Section 685 of the Code? YES ☐
If yes, provide a detailed explanation. NO ☐

With the exception of a conviction for an infraction resulting in a fine of less than \$300, have you Ever been convicted of any crime, including an infraction, misdemeanor or felony? YES ☐
“Conviction” included a plea of no contest and any conviction that has been set aside pursuant to Section 1203.4 of the Penal Code. Therefore, you must disclose any convictions in which you entered a plea NO ☐
of no contest and any convictions that were subsequently set aside pursuant to Section 1203.4 of the Penal Code.
If yes, provide a detailed explanation and a copy of all documents relating to the conviction(s).

Executed in _____, on the _____ day of _____, 20____.
City

I am the applicant for licensure referred to in this application. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely.

I certify under penalty of perjury under the laws of the State of California and automatic forfeiture of my California dental license if one is issued that the information I provided to the Board in this application is true and Correct to the best of my knowledge and belief.

Date

Signature of Applicant

Important Information: You must report to the Board the results of any actions which have been filed or were pending at the filing of this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to 480 (c) of the Business & Professions Code

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 1432 Howe Ave, Suite 85, Sacramento, CA 95825, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.